

## **Town of Green Mountain Falls**

P.O. BOX 524 GREEN MOUNTAIN FALLS, CO 80819 (719) 684-9414 www.gmfco.us

## **Application for Mobile Food Truck Vending License LICENSE EXPIRES DECEMBER 31 OF THE CURRENT CALENDAR YEAR**

Applicant Name: _			
Business Name:			
Type of Fare to Be	Served:		·
Phone:	Email		
Business Address:		Zip Code _	
Vehicle Plate Num	ber:	_	
Calendar of service	e dates (weekly, seasonal, etc.),	/Hours of operation:	
Location truck will	be parked/Public or Private Pro	operty:	
Signature:			
location. If the lo	ivate property, other than your ocation requested is on public p he operation will comply with t	property, submit a separate	statement indicating the
	Iunicipal Code can be found s can be found on the Fee Sc		
Other required su	omittals:		
A proposed	f approval from El Paso County d refuse control plan including a f the required fee at time of ap	wastewater disposal plan	
For office use:			
	Approval by Mayor:		Date:
Private Property:	Approval by Town Clerk:		Date:

Payment type and date: